

SCHOOL READINESS PROGRAM & BUDGET NARRATIVE

County: _____ **Date:** _____

School Readiness Program: _____

Contact Person: _____ **Phone:** _____

Instructions: Please use this form to report any of the following. (Use additional sheets as necessary.)

- Explain SR Program changes, budget revisions for line items that were previously zero, and line item budget revisions of 10% or more.
- Explain why your total budget in FY 2004-05 was not fully expended and the effects this had on the program, including the level of service, number of children and families served, etc.
- Explain if the total FY 04/05 CCFC Match Funds Expenditure is different from the amount stated in your 04/05 fiscal audit.

CCFC USE ONLY

First 5 CCFC Approval: _____ **Date:** _____